

2000, UNIFORM BUSINESS REPORT (UBR)

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0014273

DOCUMENT # H75699

1. Entity Name

CHARTER BAY HARBOR BEHAVIORAL HEALTH SYSTEM, INC

FILED

00 SEP 13 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6950 COLUMBIA GATEWAY DR
COLUMBIA MD 21046

Mailing Address

577 MULBERRY STREET
MACON GA 31201-2728

2. Principal Place of Business

3. Mailing Address

6950 Columbia Gateway Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

City & State

Columbia MD 21046

Zip

Country

Zip

Country

Howard



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1640244

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	J. KEVIN HELMINTOLLER	
STREET ADDRESS	3414 PEACHTREE RD NE, STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, D. KEITH	
STREET ADDRESS	3414 PEACHTREE RD NE, STE 1400	
CITY-ST-ZIP	ATLANTA GA 31202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEWLIN, LINTON C	
STREET ADDRESS	577 MULBERRY ST	
CITY-ST-ZIP	MACON GA 31202	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANFORD, CHARLOTTE A	
STREET ADDRESS	3414 PEACHTREE RD NE, STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANCOSKY, MICHELLE H	
STREET ADDRESS	3414 PEACHTREE RD NE, STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	MARGIE M. SMITH	
STREET ADDRESS	577 MULBERRY STREET	
CITY-ST-ZIP	MACON GA 31202	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarissa C. Marques	
STREET ADDRESS	6950 Columbia Gateway Drive, Suite 400	
CITY-ST-ZIP	Columbia, MD 21046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte A. Sanford	
STREET ADDRESS	4666 Powers Ferry Road, Suite 100	
CITY-ST-ZIP	Atlanta GA 30339	
TITLE	DIVIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark S. Demilio	
STREET ADDRESS	6950 Columbia Gateway Drive, Suite 100	
CITY-ST-ZIP	Columbia MD 21046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

MARK S. DEMILIO VP & SECRETARY

9/8/00

Date

410-953-4702

Daytime Phone #

0014273

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ACCOUNT NO. : 072100000032

REFERENCE : 827597 5028257

AUTHORIZATION :

COST LIMIT : \$ 550.00

Patricia P. [Signature]

ORDER DATE : September 12, 2000

ORDER TIME : 9:55 AM

ORDER NO. : 827597-045

CUSTOMER NO: 5028257

CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: CHARTER BAY HARBOR BEHAVIORAL
HEALTH SYSTEM, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Allison Smith~~ - Ext. 1155

Tanner Wilson

EXAMINER'S INITIALS: _____

RECEIVED
00 SEP 13 AM 10:44
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE, FL 32310